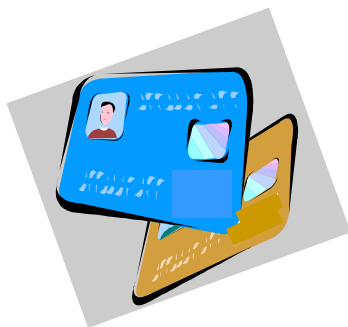


Board of Vocational Nursing  
And Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, California 95833

Teresa Bello-Jones, J.D., M.S.N., R.N.  
Executive Officer

Issue IX, October 2000

## PLASTIC CREDIT-CARD STYLE LICENSES

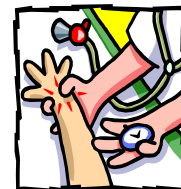


Effective July 1, 2000, the Board received budget authority to contract with the National Council of State Boards of Nursing, Inc. (NCSBN) to produce plastic licenses. The plastic licenses produced by NCSBN contain a special hologram, and will provide enhanced security as they cannot be altered. The use of plastic licenses will also eliminate the current problem of torn or damaged licenses, substandard printing and reduce the ability for individuals to forge or alter the licenses.

The Board is in the process of finalizing the contract agreement with the NCSBN. The Board anticipates that the plastic license contract will be ready for implementation by December 2000.

Once implemented, new and renewing licensed vocational nurses and psychiatric technicians will be issued the new plastic license cards. Current licensees that want a plastic license card prior to their normal renewal period may obtain a new license by submitting the required duplicate license fee, and returning the paper license in their possession to the Board.

## NURSING SHORTAGE CALLED "PUBLIC HEALTH CRISIS"



The California Strategic Planning Committee for Nursing says that the aging nursing work force and too few slots for nursing education have created a nursing shortage in California that will lead to a public health crisis by the year 2006.

(Continued on Page 2, see Nursing)

## MISSION STATEMENT

*The mission of the Board of Vocational Nursing and Psychiatric Technicians is to protect the public welfare by ensuring that only qualified persons are licensed vocational nurses and psychiatric Technicians by enforcing education requirements, standards of practice and by educating consumers of their rights.*

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## **Department of Justice Applicant Live Scan Update**



The Department of Justice (DOJ) Applicant Live Scan process is a system for the electronic submission of fingerprints and subsequent automated background check and response. The Department of Consumer Affairs (DCA) has successfully implemented the Applicant Live Scan process for several of its licensing programs.

Live scan technology replaces the process of recording an individual's fingerprint patterns through a rolling process using ink and a standard 8" X 8" fingerprint card. Digitizing the fingerprints allows the electronic transfer of the fingerprint image and the applicant's personal information to DOJ in a matter of seconds, instead of the days required to send hard copy fingerprints through the mail. The applicant information is processed electronically, and the fingerprint results are electronically transmitted back to the submitting agency via e-mail. DOJ is able to process up to 95% of electronic applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response. This is a substantial improvement over the current fingerprint process, which currently takes 8-12 weeks for a response.

Prior to being granted access to the Applicant Live Scan process, DOJ requires that all Board employees with access to the Criminal Offender Record Information must be fingerprinted. DCA is coordinating the development of policies and procedures with respect to employee fingerprinting for all DCA Boards, Bureaus and Programs, including the establishment of a Fingerprint Unit that will be responsible for the receipt and maintenance of employee fingerprint records.

In the meantime, the Board continues to prepare for implementation of the Applicant Live Scan process. In July 2000, the Board met with DOJ staff and submitted the necessary paperwork to participate in the Applicant Live Scan process. The Board is proceeding with the development of new procedures and revising its instructions to applicants, and is also developing alternative fingerprint procedures for applicants residing outside of the State of California that will not have access to live scan terminals.

The Board anticipates that Applicant Live Scan will be ready for implementation before the end of the year.

## **Nursing**

(Continued from Page 1)

Seeking a solution, nursing representatives shared their research findings with Assemblyman Jack Scott. In turn, Assemblyman Scott authored Assembly Bill 655 that establishes an Advisory Committee of several nursing organizations and educational systems. The Committee is to determine what will be needed within education and service arenas to correct the state's nursing shortage.

To implement AB 655, a representative group of nurses and educators met early in 2000 to draft a report to the Legislature. Analysis of the problem revealed that a number of factors must come together to make nursing a desirable, well-paid and easily accessible profession. Clinical facilities must make more space available to enable students to gain clinical experience. Recruitment of students must begin in middle school and high school by recruiters who can offer comprehensive knowledge and resources about nursing as a career. The number of academic spaces for students must be increased. And the movement between the various educational programs available to nurses must be made easy. The final report was submitted on June 1, 2000 to the Legislature.

# Healthcare Integrity and Protection Data Bank (HIPDB) UPDATE

As reported in the March 2000 issue of *PRN*, the Secretary of the U.S. Department of Health and Human Services, acting through the Office of Inspector General, was directed by the Health Insurance Portability and Accountability Act of 1996 to create the Healthcare Integrity and Protection Data Bank (HIPDB) to combat health care fraud and abuse. The HIPDB is a national health care fraud and abuse data collection program for the reporting and disclosure of final adverse actions taken against health care providers, suppliers, or practitioners. Eligible Federal and State agencies and health plans that are registered with the HIPDB may access the information.

The Board is required to participate in the HIPDB in addition to its participation in the National Practitioners Data Bank (NPDB). The National Council of State Boards of Nursing (NCSBN) is the Board's authorized reporting agent to HIPDB. All disciplinary actions, retroactive to August 21, 1996, against licensed vocational nurses (LVNs) and psychiatric technicians (PTs) will be reported to the HIPDB.

Disciplinary actions taken against LVNs effective August 21, 1996, through November 21, 1999, were reported to the HIPDB by January 31, 2000. An Adverse Action Report was mailed to each licensee whose record was added to HIPDB.

In March 2000, *PRN* reported that disciplinary actions against LVNs effective November 22, 1999, through the present and disciplinary actions against PTs effective August 21, 1996, through the present were scheduled to be transmitted after April 30, 2000. However, due to the NCSBN's implementation of NURSYS (see article on page 4), the transmission of those records was postponed. It has not been determined when those records will be transmitted.

## PATIENT ABANDONMENT

The Board has responded to several questions from licensees, supervisors and administrators about what constitutes "patient abandonment". This information is important because patient abandonment is grounds for disciplinary action against the individual's license. The Board of Vocational Nursing and Psychiatric Technicians makes the following statement:

The nurse-patient relationship begins when responsibility for a patient's care is **accepted by the nurse**. Patient abandonment occurs if the nurse first **accepts** a patient assignment, thus establishing a nurse-patient relationship, then **severs** that relationship usually by leaving the patient without giving reasonable notice to a supervisor or patient/responsible family member (if in a home care setting), so that continuation of care can be arranged.

Refusal to accept an assignment, failure to notify an employer that the nurse will not work an assigned shift, and refusal to work additional hours are **not** considered patient abandonment by the Board for the purpose of disciplinary action against a licensee.

Please note that the Board has no jurisdiction over employment policies and contract issues.



## **Nurse Information System (NURSYS)**



The National Council of State Boards of Nursing, Inc. (NCSBN) has implemented NURSYS, a comprehensive national nurse database, which is intended to become an unduplicated database listing of all of the licensed nursing personnel in the United States and its territories. NURSYS will be used to facilitate multistate licensure, and will be used for electronic license verification of licensure, access to disciplinary information, and aggregate statistical reporting. NURSYS will be available only to state nursing boards, at several different levels, ranging from participation for disciplinary use only, to interstate compact participation.

Currently there are five states that are participating in the full range of NURSYS functions, which includes electronic verification of licensure for licensees that are applying for endorsement to other states. Those states include Idaho, Missouri, North Carolina, Ohio and Texas. NCSBN charges licensees from these states a fee for licensure verification to other states.

NURSYS will also replace the existing Disciplinary Databank (DDB) that has historically been maintained by the NCSBN. The DDB is a database of disciplinary actions taken against licensed nurses, and the disciplinary data is submitted by member boards on a regular basis, via the internet. The Board utilizes this database when processing applications for out-of-state licensed vocational nurses.

The Board conducted an analysis of the proposed electronic license verification system and determined that the Board would not participate in the electronic license verification system due to cost constraints and other restraints.

The Board licensing system does not contain many of the data elements contained in the NURSYS system, and the state's privacy laws prevent disclosure of other data elements.

Further, the system was not designed to accommodate individuals licensed by equivalency, or by completion of the State Board Constructed Examination. As such, a large number of the Board's licensees would not benefit from such a system.

As a result of the Board's analysis of the above systems, it was determined that the Board's participation in NURSYS will be limited to the disciplinary database and to obtaining electronic verification of licensure for applicants from the five participating member boards.

**<http://www.bvnpt.ca.gov>**

One of the Board's strategic goals is to communicate effectively and work cooperatively with its stakeholders. To meet this goal the Board is now on the Web.

The webpage provides information regarding the Board's roles, functions and services, as well as issues and concerns pertaining to health care and the disciplinary process.

Updated, redesigned and enhanced to meet the State's official standards, the website is averaging 2000 hits per month. Take a look!



# HEARINGS ON ACUTE CARE STAFFING RATIO BILL

In 1999, Assembly Bill 394 (Kuehl) was signed into law by Governor Davis. The language requires the Department of Health Services (DHS) to adopt regulations that establish licensed nurse to patient ratios for certain health facilities including acute care sites. In addition, there are now limitations on the nursing-related duties that may be performed by unlicensed assistive personnel. Regulations to implement the law will be effective January 1, 2001.

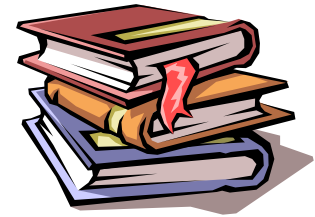
The DHS held a public hearing on April 27, 2000, to gather information and assess public sentiment relative to the new law. Individuals representing registered and licensed vocational nurses (including both Boards of Nursing), nursing administrators, physicians, healthcare systems and research groups were present.

It was clear during all presentations that the stakeholders have the same basic goals of consumer safety and good patient outcomes. Throughout the presentations, several recurrent themes were identified as barriers to implementation of AB 394. Those barriers include:

- Relative short timeline in which to develop and implement this program.
- Limited published research and baseline data from which to work.
- Lack of available nurses to fill positions once ratios are established due to current nursing shortage.
- Ratios for rural hospitals may need to be different than for urban hospitals.
- The term “units”, referring to specific types of patient care units, is not well defined and may vary from situation to situation making standard ratios difficult to establish.
- Inability to integrate minimum staffing ratios with currently utilized patient classification (acuity) systems.

The DHS is considering all information resulting from the public hearing and will work with interested individuals and groups to develop the ratios and a plan for implementation. The Board offered its assistance to the Department in the development of regulations.

## Regulatory Update



The Board submitted two regulatory rulemaking files which were initially filed with the Office of Administrative Law (OAL) and noticed on November 22, 1999.

- The first regulatory file updated and clarified the Board’s Disciplinary Guidelines specific to cost recovery and also includes other changes to ensure clarity and consistency.
- The second regulatory file contains the changes approved by the Board’s Education and Practice Committee relative to the program and licensure requirements relative to: preceptorships, examination pass rates and provisional accreditation; and clarification of equivalent experience/education for the psychiatric technician military applicants.

Both regulatory files were approved by OAL and became effective July 1, 2000.

# Legislative Update



The Board is currently watching the following bills in the current legislative session:

**AB 655 (Scott)** – This bill requires the Chancellors of the California Community Colleges and California State University, President of the University of California and President of the Association of Independent Colleges and Universities to jointly report to the Governor and Legislature on a plan to increase the number of nursing students in California. Additionally, the bill requires that an Advisory Committee be formed with representatives from the Board of Registered Nursing, Department of Health Services, organizations representing licensed nurses, hospitals, long term care facilities and other employers of registered nurses, the California Strategic Planning Committee for Nursing, professional nursing organizations, hospital-based nursing programs, and other interested groups. The report is to contain alternative strategies to increase the number of nurses and budget proposals to implement the strategies. The bill is intended to relieve the state's nursing shortage.

**AB 1753 (Romero)** - This bill enacts the Alzheimer's Training and Credentialing Act of 2000. The bill would require the California Department of Aging, in consultation with the Department of Social Services, to establish an Alzheimer's training and credentialing program that sets forth minimum training requirements for staff at any residential care facility for the elderly that advertises, promotes, or offers specialized care or unique services for residents with dementia.

**AB 1760 (Kuehl)** - This bill extends to January 1, 2002, the date for adoption of regulations by the Department of Health Services with respect to licensed nurse-to-patient ratios for licensed health facilities, and deletes the phase-in provisions for some hospitals as specified.

Note: This bill amends language contained in Assemblymember Kuehl's prior bill, AB 394, and provides more time for implementation.

**SB 1045 (Murray)** - This bill would prohibit a licensee under the Medical Practice Act from being required to pay more than a specified amount for the cost of investigation or enforcement of any violation of the Medical Practice Act and would require specified information concerning these costs before a licensee would be required to pay them. At this time, the bill refers only to physicians. However, the bill, if passed, may have implications for other licensed health care providers.

**SB 1310 (Vasconcellos)** - This bill would provide for an amnesty program under which persons would be able to pay off the fines, fees or penalties, as specified. The bill would, among other things, authorize certain state agencies including the Department of Consumer Affairs to refuse to issue various state-issued licenses. The bill would also require the Attorney General to report on the effectiveness of the Outstanding Warrant Amnesty Program, as specified.

**SB 1534 (Perata)** – This bill addresses the provision of mental health patient advocacy services by clarifying and expanding the role of county patients' rights advocates. It impacts psychiatric technicians and licensed vocational nurses by adding civil penalties for health care providers who violate patients' rights. The Board is one of the state agencies that would receive complaints on its licensees. In turn, the Board would be required to send copies of any related inspection reports and actions to the county patients' rights advocate, county director of mental health and any state department responsible for certifying the facility.

**SB 1889 (Figueroa)** – This bill would require all license-issuing Boards within the Department of Consumer Affairs to disclose the license status of their licensees on the Internet. In addition, the bill would require these boards to disclose the addresses of record of its licensees.



## Psychiatric Technician Test Plan Workshop



On July 12, 2000, the Board held a workshop relative to the Psychiatric Technician Test Plan. Attendees included the Board President, Carolyn Duncan, P.T., a psychiatric technician instructor and former item writer, directors and faculty from California's accredited psychiatric technician programs and a CAPT representative. The session was convened to inform the participants of the process used to develop a test plan, and to validate the licensure examination. The discussion included how an occupational analysis is conducted, item writing and review, and statistical analysis. From these presentations, the attendees learned that in every step of test plan development and examination validation, licensed psychiatric technicians are involved (as seen in adjoining article).

The Board's Executive Officer, and Dr. Norman Hertz, Chief, Office of Examination Resources emphasized that the Test Plan serves as the foundation for the Psychiatric Technician Licensure Examination. It delineates those tasks that are commonly performed by psychiatric technicians upon entry into the profession. Moreover, the California Psychiatric Test Plan specifies the minimum level of knowledge, skills, and abilities that should be incorporated into the curricula of Board approved psychiatric technician programs.

Breakout groups of the attendees identified several strategies to incorporate test plan content within program curricula and facilitate students' comprehension of critical information. Similarly, strategies, techniques, and resources to improve student achievement within the program and to improve performance on the licensure examination were identified.

## Occupational Analysis of the Entry-Level Psychiatric Technician

In January 2000, the Board of Vocational Nursing and Psychiatric Technicians, in conjunction with the Department of Consumer Affairs' Office of Examination Resources, commenced an occupational analysis. The study seeks to identify those tasks that are commonly performed by psychiatric technicians upon entry into the profession. Primarily, the study will ensure the job relatedness of the Psychiatric Technician Licensure Examination.

The Office of Examination Resources (OER) has conducted indepth face – to – face interviews with entry level licensees across the state. For purposes of the study, entry-level is defined as licensure of no less than six (6) months and no more than five (5) years. Preliminary information was compiled from a diverse population of licensees employed in all geographic and practice settings. Additionally, Subject Matter Expert panels have been convened to further refine this data.

In January 2001, OER will disseminate questionnaires to a randomly selected sample population of approximately 2,000 entry - level licensees. Additionally, questionnaires will be disseminated to supervisors of entry - level licensees.

Primarily, both groups of licensees will be asked to respond to the following questions:

- What tasks are commonly performed by entry-level psychiatric technicians in all categories of clinical facilities in which they are employed?
- What is the frequency of task performance?
- What is the criticality of the task?

*(Continued on Page 8, see Analysis)*

## Analysis

(Continued from Page 7)

- Where did the licensee learn the performance of the task? Was it learned during school? Or was the task learned in the clinical facility?
- What knowledge, skills, and abilities (KSA) are required to ensure that the licensee is able to perform the task safely and competently?

According to the project plan, the study is scheduled for completion in October 2001. Information derived from this research will be, ultimately, incorporated into a new Psychiatric Technician Test Plan. This document is the blueprint for the California Psychiatric Technician Licensure Examination.



## Psychiatric Technician Shortage: Update

In the last issue, *PRN* reported that a shortage of approximately 3,500 psychiatric technicians had been projected across the State. According to agency representatives, vacancies were projected within State facilities under the jurisdiction of the Department of Developmental Services, Department of Mental Health, and Department of Corrections.

The Board has learned that a critical shortage of licensees has also been identified in county and private facilities. Further, the shortage appears to transcend licensee categories – psychiatric technicians, social workers, licensed vocational nurses, registered nurses, psychologists, and psychiatrists.

Several factors have prompted this shortage.

- According to leading professional leaders, there has been a marked nationwide philosophical change relative to the care and treatment of mental disorders and developmental disabilities.

- The numbers of prison inmates with diagnosed mental illnesses and developmental disabilities has escalated. Conversely, available psychiatric treatment services have remained inadequate.
- An increased incidence of mental illness in all parts of the population and all age, gender, and ethnic groups has been identified.

It is important to note that the increased need for mental health services and a shortage of trained and licensed personnel are national problems.

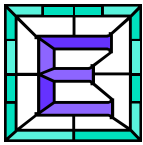
In March 2000, the California Mental Health Planning Council convened a Human Resources Summit 2000. A follow up meeting was held June 21, 2000 at the Red Lion Sacramento Inn, Sacramento, California. The purpose of the conference was the development of strategies to address the crisis in human resources facing the mental health system. Participants included both State and Non – State representatives. A ten - pronged approach has been developed that addresses the following areas.

- Statewide recruitment of all classifications of licensed personnel;
- Funding of educational programs; and
- Education and training that is consistent with facility need; and
- Equitable dissemination of mental health services.

Central to these strategies is the improvement of mental health services for all consumers throughout California.

The Board, along with other regulatory agencies, was advised of the problems identified by this group in May 2000. All represented State agencies confirmed their willingness to work collaboratively to find solutions.





## ENFORCEMENT UPDATE: COMPLAINTS

The primary mission of the Board of Vocational Nursing and Psychiatric Technicians is to protect the health and safety of California consumers. To accomplish this, the Board investigates complaints filed against licensed vocational nurses (LVN) and psychiatric technicians (PT) and pursues disciplinary action against the licensee, if warranted.

Anyone may file a complaint against an LVN or PT if they believe that the licensee has compromised a consumer's quality of care. Additionally, LVNs and PTs are required to notify the Board if they know or suspect that another LVN or PT has engaged in unprofessional conduct.

Complaints are reviewed by the Board's Enforcement staff to determine if the Board has jurisdiction and whether the alleged action violates the law or regulations governing the licensee's practice. If these two conditions are met, an investigation is initiated.

There are many violations for which an LVN or PT may be disciplined. Most involve unprofessional conduct, which includes but is not limited to:

***Incompetence*** – Incompetence is the lack of possession of and the failure to exercise that degree of learning, skill, care and experience ordinarily possessed by a responsible licensee.

***Gross Negligence*** – Gross Negligence is a substantial departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent licensee, and which has or could have resulted in harm to the consumer.

***Conviction of a serious crime*** – The Board may take action against an LVN or PT who has been convicted of a crime substantially related to the qualifications, functions or duties of the LVN or PT.

For example, conviction of any crime involving sexual misconduct, abuse, fiscal dishonesty, illegal possession or use of dangerous drugs, or driving under the influence of a drug or alcohol, is grounds for disciplinary action by the Board. In addition, the Board may deny licensure to a person who has been convicted of a crime substantially related to the qualifications duties and functions of an LVN or PT.

The Board requires disclosure of convictions as a condition of license renewal. Licensees who report a conviction history should be prepared to present police reports, court documents, a detailed explanation regarding the incident, and rehabilitation documents for Board review.

Complaint forms are available on the Board's Internet web site at <http://www.bvnpt.ca.gov> or by contacting the Enforcement Unit at (916) 263-7827. However, it is not necessary to submit your complaint on a form provided by the Board. It is important to include as many details as possible (names, addresses, dates, times, etc.) regarding the incident(s) you are reporting. Written complaints are accepted by U.S. postal service, e-mail, or fax. You may also submit your complaint by telephone.



## Practice Errors Continued

In the last PRN, the November 1999 Institute of Medicine Report (IMR) on medical errors was mentioned in reference to the reporting requirement of LVN's and PT's (California Code of Regulations, Section 2518.6 and 2576.6). The report estimated medical errors caused the deaths of 44,000 to 98,000 patients in hospitals. The reactions to this report included disbelief, horror, outrage and concern.

*(Continued on Page 10, see Practice Errors)*

## Practice Errors

(Continued from Page 9)

On September 10, 11 and 12 the Chicago Tribune reported the results of an investigation of 3 million state and federal records regarding nursing errors.

Since 1995, a few of the findings revealed:

1. Accidental deaths of at least 1720 patients;
2. Injuries to another 9584 patients;
3. Unlicensed personnel were responsible for over 100 patient deaths and at least 500 injuries;
4. Patients are even more at risk in hospitals.

Among the causes cited for the increased nursing errors were: decreased hospital budgets for nursing, inadequate number of trained staff, poor working conditions, overwork, lack of reporting requirements and inadequate discipline of incompetent, negligent or impaired nurses.

The Tribune used the Illinois Department of Professional Regulation (IDPR) disciplinary process as an example of how nursing boards operate. The IDPR oversees the nursing board, but the IDPR director makes the final disciplinary decisions.

As can be expected, numerous problems decrease the effectiveness of enforcement. For example, the IDPR does not have adequate resources to fund investigative staff. Other problems include no mandatory reporting for hospitals, IDPR's agreement to withhold patient death facts from cases settled by the IDPR, and failure to investigate settled malpractice cases. As such, the public does not know of the past actions taken against a specific nurse and the disciplined nurses can go from hospital to hospital or state to state.

According to the Tribune, IDPR's "lenient and healing" view of discipline does not in the immediate protect the public interest. There were many examples used to support this position. To read the entire series, log onto [www.chicagotribune.com](http://www.chicagotribune.com).

## Professional Ethics

On June 14, 2000, the Board's Enforcement Committee met to discuss a proposal to develop regulations specifying unethical conduct as grounds for disciplinary action. The full Board on June 16, 2000 adopted the Committee's recommendation to direct the staff to develop such regulations.

The Board believes these regulations are necessary due to the increasing number of complaints alleging conduct that is contrary to professional ethics, but does not fall within the Board's current regulatory scheme.

LVN's and PT's have a code of professional ethics. These codes enhance the professionalism of licensees and make them accountable for behavior rooted in poor judgement and a fundamental disregard for the dignity of a patient.

Ethics address the values pertaining to human conduct and integrity. These values are especially important as they relate to patients who are usually vulnerable, dependent and suffering and to those who hold the patients trust.

Examples of what the Board is considering as unethical conduct are:

1. Charging personal items on a patients credit card with or without permission;
2. Solicitation or acceptance of cash from a patient or a patients family;
3. Sleeping on duty, and expecting payment for "work";
4. Romantic involvement with an assigned patient;
5. Borrowing a patients personal items;
6. Performing any of the above and cajoling patients not "to tell" and
7. Use of profanity when speaking to a patient or a patients family.

These are but a few examples. To give the public an opportunity to provide input in this area, the Board scheduled a public forum on ethics September 27, 2000. At this printing, the Board is unable to report the outcome of this forum; however, future PRNs will include this information.

# ENFORCEMENT



## DISCIPLINARY ACTION LIST

### Licensed Vocational Nurses and Psychiatric Technicians

January 1, 2000 – June 30, 2000

The Board publishes and distributes its Disciplinary Action List in January and July each year. The list identifies licensees who were formally disciplined by the Board during the six months immediately preceding publication of the list.

Examples of formal discipline include:

**Revocation:** The license is taken away from the licensee for a minimum of one year;

**Suspension:** The license is temporarily taken away from the licensee for not less than 30 days;

**Probation:** The license is placed on probationary status which includes specific terms and conditions of compliance; and

**Cite/Fine:** The licensee is issued a citation and required to pay a fine commensurate with the violation committed.

To receive a copy, call (916) 263-7800, or you can access the list on the Board's Internet web site <http://www.bvnpt.ca.gov>.

## CHANGE OF ADDRESS



Pursuant to the California Business and Professions Code, Section 136, licensees are required to notify the Board at its principal office of any changes of mailing address within 30 days after the change. Violation of this statute may result in the issuance of a citation and fine. Additionally, failure to notify the Board of a new address will result in unnecessary delays in receipt of your renewal forms, renewed license, and other important correspondence from the Board.

Please submit your change of address in writing to the Board and be sure to include your name, license number, old address and new address.

## Board Member Information

### Term Limits for Board Members

- ◆ Effective June 1, 2000, the terms of appointment expired for the following Board Members: *Charles Bennett*, L.V.N., *Karen Ornelas*, L.V.N., *Holly Donn*, P.T., and *Mary Petersen*, Public Member.

### New Board Officers

- ◆ *Carolyn Duncan*, P.T. is the new Board President effective June 1, 2000.
- ◆ *Sister Marie de Porres Taylor*, Public Member, was elected Vice-President effective June 16, 2000.

November \*16-17, 2000  
Sacramento, CA

## 2000/2001 BOARD MEETING DATES

September \*6-7, 2001  
Pasadena, CA

February \*1-2, 2001  
San Diego, CA

April \*19-20, 2001  
Fresno, CA

June \*28-29, 2001  
Los Angeles, CA

November \*15-16, 2001  
Sacramento, CA

\* Reinstatement Hearings and Disciplinary Actions are conducted on the first Board Meeting day.

All Board Meeting dates and locations are subject to change. Information regarding the specific meeting site, with an address, shall be noticed on the official Board Meeting agenda and website. The agenda is mailed to individuals on the Board's general mailing list approximately 2-3 weeks prior to the actual Board Meeting date. Interested parties should call the Board at (916) 263-7800 to confirm the date and specific meeting site of any Board meeting.

## Important Telephone Numbers



The following is a list of telephone numbers you may call should you require assistance:

- For general LVN information and questions about Examinations, call (916) 263-7800.
- For general PT information and questions about Examinations, call (916) 263-7830.
- For questions about an LVN or PT “scope of practice”, call the Board’s Education Unit at (916) 263-7843.
- To file a complaint against a licensee, call the Board’s Enforcement Unit at (916) 263-7822.

## Other Regulatory Agencies

- ❖ For questions regarding Registered Nurses (RNs), call the Board of Registered Nursing at (916) 322-3350.
- ❖ For questions regarding Certified Nurse Assistants (CNAs), call the Department of Health Services, Licensing & Certification Unit, at (916) 327-2445.



# PRN

*The official newsletter of the Board of Vocational  
Nursing and Psychiatric Technicians*

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State of California

Aileen Adams, *Agency Secretary*  
State and Consumer Services Agency

Kathleen Hamilton, *Director*  
Department of Consumer Affairs

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*Assistant Executive Officer*

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Angelina Martin  
Linda Montoya  
Ann Shuman, R.N.  
*Editorial Staff*

*This newsletter is presented to inform the reader of current  
Board policies, issues and activities with respect to the  
practice of licensed vocational nurses and psychiatric  
technicians in the State of California.*